and 2 per cent. solutions of nitrate of silver, crystallized alum in the milder (so-called follicular) forms, and 2 per cent. solutions of tannin, with good results in convalescence where nitrate of silver even in 1 per cent. solution proves too irritating. Ointments of copper sulphate in glycerin or vaselin were serviceable in cases progressing toward cicatrization.

Jequirity, employed by him as early as 1883, was occasionally quite successful in desperate cases of cicatricial degeneration of the conjunctiva and totally opaque cornea. Resorcin in 6 per cent. aqueous solution was useful in chronic cases with relapsing pannus. Creolin in 1 and 2 per cent. aqueous solution proved a most satisfactory remedy. Under its use the pannus and the granulations disappear. Patients can use it themselves. Corrosive sublimate in solution as a cauterant is valueless; combined with glycerin it is useful in the cicatricial stage with pannus. Powdered tannin alone or in combination with powdered boric acid was quite satisfactory in cases of dense pannus.

Corneal complications, such as recent pannus, infiltration, and ulceration, were treated with the antiseptic bandage and the usual instillations of atropin, eserin, and cocain. In cases of progressive and painful ulcers, where the bandage could not be employed, warm applications of sublimate were very useful.

Of operative procedures division of the external canthus, with or without suture of the conjunctiva (canthoplasty), was found to be of the greatest value in narrowing of the fissure with pressure upon the globe. As regards measures of combating the trachomatous process itself, excision of a portion of the cartilage and of the fold of transition gave very disappointing results. The cases were usually the worse for both of these operations. Expression of the follicles by the fingers alone or forceps, on the whole, gave the most satisfactory results; but medical treatment was also necessary. Massage of the everted lids with cotton dipped in sublimate solution was of decided benefit. Scarifications were useful in acute and subacute stages, especially of papillary trachoma. Peritomy for pannus was practised in 11 per cent. of these cases. It was employed, as a rule, only when the disease of the conjunctiva had reached the stage of cicatrization and a dense vascular pannus remained upon the cornea. The effect is not usually brilliant, but the procedure has its uses. An artificial pupil is of benefit in certain forms of pannus, especially in cases complicated with iritis and irido-choroiditis. Probing of the tear-passages is of the first importance in many cases of trachoma. The most stubborn cases of pannus were sometimes kept up by stricture of the duct. Between 10 and 18 per cent. of his patients were affected with diseases of the lachrymal passages.—*Deutsche med. Wochenschrift*, 1897, No. 43.

Strabismus.—SCHNABEL (Vienna) holds that strabismus is an anomaly of the position of the eyes and not of their motility. Of all possible positions of the two eyes there is one which is determined by the structure of the orbital contents independent of the contraction of any external muscle. If this position of rest is such that the centre of the cornea stands in the centre of the commissure, so that the distance between the two corneal centres equals the distance between the centres of the commissures, it is to be regarded as normal, because it presents the most advantageous conditions for binocular vision. Only two varieties of departure from the normal condition can exist, in that the distance between the corneal centres may be greater or less than the distance between the centres of the commissure. In either of these conditions binocular vision is impossible if the external muscles are relaxed. If the departure is not too great the faulty position may be overcome by the contraction of some of the external muscles, and the strabismus becomes latent.

We do not as yet possess any satisfactory anatomical description of the orbital contents of cases affected with strabismus; when this shall have been accurately studied it may be possible to determine exactly upon what particular orbital construction the strabismus depends.—*Wiener klin. Wochenschrift*, 1897, No. 47.

[Schnabel's reference of the position of the corneal centres to the commissures is unfortunate, since in normal eyes the centre of the cornea is usually much nearer the outer commissure than the inner, and may vary in position independently of any connection with strabismus. His insistence on mechanical factors in strabismus, other than the muscles and their attachments, is timely and important.—ED.]

Colored Vision After Exposure to Excessive Light and After Cataract Extraction.—H. SNELLEN (Utrecht) points out that Fuch's explanation that colored vision is dependent upon changes in the visual purple is inadequate. He suggests that in strong illumination much light enters the eyeball through the lids, sclera, and choroid, affecting chiefly the periphery of the field of vision, and that this light has a decidedly red tinge. The objects directly looked at, however, are seen by white light. When the strong light is shut off, as at night, or in the comparative darkness of a room, the exhaustion of the periphery of the retina for red causes a green after-tint, in contrast with which objects looked at in the centre of the field appear red. This explanation is supported by the experiment of looking through red gelatin with a hole in the centre. Through this centre objects first appear of normal color, but afterward seem green by contrast. If, then, the color be removed the colors appear to be reversed and the phenomena of red vision, or erythropsia, occur.—*Graefe's Archiv für Oph.*, vol. xliv., Part ii.

S. M. BURNETT (Washington) calls attention to the glaring white haze complained of immediately after cataract extraction, which he regards as a temporary loss of ability to perceive colors, such as the normal eye may experience when suddenly exposed to a flood of white light.

He also calls attention to kyanopsia (blue vision), a term only represented in two medical dictionaries, and by the erroneous spelling "cyanopia.' This blue appearance of objects is very frequent after cataract extraction. He believes it to be due to the contrast with the yellowish light, which previously reached the retina through the opaque lens. He has noticed it only in cases in which the nucleus was distinctly yellow or brown; and he points out that it is more persistent where the patients still retain a cataract of similar color in the other eye, with which to contrast the impressions made upon the eye from which the cataract has been removed.—*Ophthal. Record*, 1898, p. 17.